



APPLICATION FOR EMPLOYMENT

DAS STATE PERSONNEL ■ P.O. Box 94905 ■ LINCOLN, NE 68509-4905

State Personnel assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, mental or physical disability or religious creed and with proper regard for their privacy and constitutional rights. Before completing this application, you are advised to read the section entitled "Important Facts About Information on Your Application" found on the back page. **Applicants who need accommodation in the selection process should request this in advance.**

Social Security Number Please Type or Use Dark Ink		Type of Work Desired (CHECK ALL THAT APPLY): <input type="checkbox"/> Full-Time and/or <input type="checkbox"/> Part-Time <input type="checkbox"/> Permanent and/or <input type="checkbox"/> Temporary																
Applicant's Name (Last, First, Middle Initial)		Date Available for Work:	Are you interested in SOS Program (see last page)? <input type="checkbox"/> YES <input type="checkbox"/> NO															
Street Address		Position Applied For:																
City, State, Zip																		
Home Telephone Number	Work/Message Telephone Number	ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO																
Please List the Cities Where You Would Accept Employment. (Counties must be Listed by Name)		Veterans' Preference can only be given if you submit a DD214 or NGB22 that verifies service in one (or more) of these time frames: 1 - WW II 3 - Vietnam Era 2 - Korean Incident 4 - Desert Storm/Shield																
		<table border="1"><thead><tr><th colspan="5">OFFICE USE ONLY</th></tr><tr><th>A</th><th>B</th><th>C</th><th>D</th><th>E</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		OFFICE USE ONLY					A	B	C	D	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE USE ONLY																		
A	B	C	D	E														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Have You Ever Been Convicted of a Violation of Law Other Than a Minor Traffic Violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.		Are you legally able to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO																
NOTE: Conviction will not necessarily disqualify an applicant from employment. The recency, severity and pertinence of the conviction to the job will all be considered.		Have you previously been employed by the State of Nebraska? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where?																

EMPLOYMENT RECORD

List below the positions you have held starting with your present employment. *If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment.* Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. **Please be complete.** Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. **If you need more space, attach a separate sheet of paper.**

EMPLOYMENT INFORMATION				DESCRIPTION OF DUTIES	
Employer/Kind of Business				Position Title	Number Supervised
Street Address				Specific Duties	
City, State, Zip					
Immediate Supervisor/Title		Telephone Number/ext.			
Dates of Employment (Month, Year)					
FROM		TO:			
Total Employed:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Hours Worked Per Week		Reason for Job Change	
Years: Months:					
Employer/Kind of Business				Position Title	Number Supervised
Street Address				Specific Duties	
City, State, Zip					
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Years:	Months:	<input type="checkbox"/> Full-Time			

EDUCATION/SKILLS RECORD

Give your complete educational history. Transcripts of post high school coursework may be required.

Foreign Languages		List any special skills/coursework you may have:																					
Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, check all that apply.																							
<input type="checkbox"/> French <input type="checkbox"/> Sign Language (ASL) <input type="checkbox"/> Vietnamese <input type="checkbox"/> German <input type="checkbox"/> Slavic <input type="checkbox"/> Other _____ <input type="checkbox"/> Laotian <input type="checkbox"/> Spanish																							
Have You Had Training/Coursework or Experience in (Please check those that apply):																							
<input type="checkbox"/> Typing <input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> PC/Computer Terminal <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Calculator/Adding Machine <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Shorthand/Speedwriting																							
Types of Equipment: _____																							
		For Office Use Only																					
		Typing Score(s): <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Net WPM</th> <th>Date</th> <th>Where</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Net WPM	Date	Where																	
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UNIVERSITY AND COLLEGE (Undergraduate, Graduate, Doctorate)											
Name and Location	From		To		Total Sem. Hrs.	Total Qtr. Hrs.	Fields of Study	No. of Hrs.	Date of Graduation Degree Awarded		
	Mo.	Yr.	Mo.	Yr.					Mo.	Yr.	Degree
Name							Major				
Location							Minor				
Name							Major				
Location							Minor				

Business, Correspondence, Trade, Technical, or Vocational School, or Military In-Service Training				Dates of Attendance Month/Year		Full Time	Part-Time Hrs/Week	Degree Received		Title of Program or Subjects Taken
Name	Location			From	To			Yes	No	

LICENSES AND CERTIFICATES

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying complete the following questions.

Name of Trade or Profession		License Number
Granted By	City and/or State	
Specialty	Licensed	From: To:

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation, and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

**sign
here**

use ink

Applicant's Signature

Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED